

# YOUNG MEN MOVING FORWARD



CALIFORNIA'S MALE INVOLVEMENT PROGRAM  
A TEEN PREGNANCY PREVENTION PROGRAM FOR MALES

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California Department of Health Services  
Office of Family Planning

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## **ACKNOWLEDGMENTS**

A special thanks to all those individuals and organizations who provided vision and leadership in the development of a blueprint for building a comprehensive teen pregnancy prevention program for males, and who made this publication possible. Your creative ideas and ideals have enhanced the quality of reproductive health care and programming for the adolescent males and young adult men we are committed to serve. We hope that this report serves as an inspiration for others who now stand ready to involve males in teen pregnancy prevention with innovative and thoughtful interventions that can make a difference for young people everywhere.



## INTRODUCTION

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**Young Men Moving Forward** is designed to share the valuable experiences of the agencies and individuals who comprise the Male Involvement Program (MIP), California's teen pregnancy prevention program for males. While clinical services are offered to men through California's Office of Family Planning's Family Planning, Access, Care, and Treatment Program (Family PACT), the MIP focuses its efforts on community-based educational programs directed at adolescent and young adult males. A central aim of this publication is to encourage and assist those agencies, youth-serving providers, program staff, and others who wish to actively involve adolescent males and young adult men in programs to build upon respect and responsibility and reduce teen pregnancy.

First established in 1995 by the California Department of Health Services, Office of Family Planning, the MIP has evolved from 23 demonstration projects to 25 community-based programs funded through 2003. In the course of the program's first three years of implementation, program developers, managers, and participants have had to chart new territory, as traditionally, males were not included in educational and clinic-based efforts to reduce the incidence of teenage childbearing.

Highlights from the evaluation of the MIP are presented in this monograph. These "lessons learned" reflect the wealth of quantitative and qualitative information documented by the programs, the evaluation, and various meetings, focus groups, and observations. Briefly, key initial findings and lessons from the MIP experience include:

- 1. A Profile of Program Participants.** Between February 1997 and December 2001, more than 95,000 males throughout the state of California participated in the MIP. In addition, local programs reached thousands more adults and young men through their community-based media awareness campaigns. The MIP has engaged an ethnically diverse group of adolescent and young adult males through a variety of community settings, from schools to juvenile detention centers, sports and recreation centers, faith centers, and group homes. The profile of the participants upon entering the program indicates that nearly two-thirds of the young men (65%) have had sexual intercourse and 1 in 4 reported being fathers (25%). At program entry, slightly over half reported having used a method of contraception when they last had sex (56%). Thus, the program has clearly been successful in reaching a group of young men at risk of early or repeat fatherhood.

**2. Changes in Knowledge Resulting from the MIP.** Evaluation results for a representative sub-sample of 3,390 MIP participants (for which matched pre and post data are available) showed statistically significant improvements ( $p < .0001$ ) in the following areas following participation in the program:

- An increase in knowledge regarding the risk of pregnancy at first sex (79% to 89%);
- An increase in knowledge regarding the risk of pregnancy using the withdrawal method (54% to 74%);
- An increase in knowledge of where one can obtain birth control (83% to 90%); and
- An increase in awareness of California's statutory rape law (84% to 90%).

**3. Program Strategies.** A creative, holistic approach is necessary to effectively engage males in teen pregnancy prevention. Successful programs address a broad range of issues competing for males' attention including economic security, job development, academic pursuits, and concerns for safety. By empowering young men to take responsible action in all areas of their lives, programs are also able to address responsible reproductive behavior.

**4. Social and Cultural Norms.** Successful programming for males encourages participants to take pride in their cultural heritage and uses cultural teachings to strengthen young men's sense of responsibility and respect for oneself, others, and the larger community. This strategy of embracing positive traditions has been viewed as a powerful agent of behavior change, including responsible behavior around reproductive health, sex, and contraceptive use.

**5. Institutional Changes and Clinical Services.** Institutional or systems changes regarding male involvement in teen pregnancy prevention are a source of strength for programs. The institutionalization of MIP efforts (e.g., schools offering credit for MIP educational classes and juvenile justice programs requiring residents to attend MIP classes as a prerequisite to their release) reflect the successful relationships MIP staff have formed with other community organizations. Building partnerships with clinical providers is equally important in educating others about the unique needs of males, encouraging agencies to be more male-friendly, and expanding young men's access to reproductive health and family planning services, as well as other services they may need.

**6. Youth Development and Youth-Adult Partnerships.** Effective programs for males involve youth in program planning and implementation and focus on youth development as part of their program activities. Many programs have found it essential to assist their program participants in developing the life skills necessary to navigate a safe and healthy path from adolescence to adulthood. Youth-adult relationships have also been an important factor in the success of male-focused teen pregnancy prevention efforts. In successful settings, males are given the opportunity to interact with responsible, respectful, and caring adult men, who serve as powerful role models. Increasingly, programs are involving participants in the planning of program strategies making participants stakeholders in the success of the programs' efforts.



**WITH THIS OVERVIEW IN MIND, THIS MONOGRAPH TAKES  
A CLOSER LOOK AT THE MIP IN TERMS OF ITS HISTORICAL CONTEXT,  
PROGRAM PHILOSOPHY, PROGRAM STRATEGIES, THE YOUNG MEN'S  
SUMMIT, EVALUATION RESULTS, LESSONS LEARNED, BARRIERS  
AND CHALLENGES, AND FUTURE PLANS.**

**THE MALE INVOLVEMENT PROGRAM**

Recognizing that males play an essential role in teen pregnancy prevention, in 1995 the California Department of Health Services, Office of Family Planning (OFP) began an \$8 million, three-year initiative known as the Male Involvement Program (MIP). This statewide program was created to mobilize adolescent and young adult males (ages 12-24) to play an active part in preventing teenage pregnancy and early unintended fatherhood. The MIP, originally comprised of twenty-three demonstration projects, was developed with a special emphasis on funding programs in areas with high teen birth rates. Encouraged by the positive results of their initial efforts, and having incorporated the lessons learned during the first generation of programming, OFP renewed its commitment to the MIP by granting new four-year awards (through the year 2003) to 25 community-based programs.

OFP and two contracted agencies provide technical assistance to these local projects to track activities and progress, and to ensure that program directors and their staff receive the support they need to implement and enhance their programs. The three cooperating agencies and their areas of expertise are outlined below:

- **OFP** creates the policy framework and provides funding for program implementation, as well as vision, leadership and guidance. OFP also monitors the progress of each project and organizes quarterly roundtable meetings.
- **ETR Associates** provides technical assistance by organizing and facilitating OFP-sponsored trainings, workshops and conferences, and by disseminating health education materials. Some of the topics covered in trainings include sexually transmitted infections (STI) and HIV prevention, family planning, contraceptive use, violence prevention, building healthy relationships, and program evaluation.
- **The Center for Reproductive Health Research and Policy at the University of California, San Francisco** conducts the MIP's statewide evaluation, tracking programmatic interventions and studying trends among male participants over time. These findings help to identify the most effective strategies for reaching young men and engaging them in pregnancy prevention.



## TEEN PREGNANCY PREVENTION: A HISTORICAL OVERVIEW

The adverse consequences of teen pregnancy and childbearing for young mothers and their children, and the costs incurred by society as a whole, are well documented and have been the concern of government leaders, health and social service providers, and communities for nearly three decades. Historically, programmatic responses to the rise in teen pregnancy focused on females, since they bear the most direct and immediate impact of a pregnancy. Consequently, programs designed specifically for adolescent girls and young women have been more readily available in a number of community settings.

Often overlooked in the program planning and implementation process are strategies to engage adolescent and young adult males in teen pregnancy prevention. Except for brief federal- and state-sponsored pilot programs implemented in the late 1970s, health and social service providers in the state of California and nationwide have generally not received funding nor support to engage males and to assure their central role in efforts to prevent teen pregnancy. Despite this lack of support, some agencies attempted to incorporate family planning services for males into existing female-oriented programs. However, without taking into account any special, gender-specific factors or issues, these programs met with limited success. For instance, emphasis was placed on providing condoms to young men, without first considering the underlying motivational, normative and social factors that needed to be addressed in order to make contraceptive adoption by males (and/or support of partner's use) a widely-held value. Since these interventions were not designed specifically for men and were not perceived to be "male-friendly", and because specific funding continued to be limited, access to needed services for young males continued to be limited in scope.

Traditional approaches tended to focus on condom distribution as a means of solving the problem of early childbearing. Most programs did not explicitly recognize that in order for young men to become active partners in contraceptive use, they needed to more fully understand the responsibilities of manhood and of being a father. Strategies that have emerged as valuable include engaging young men by affirming cultural roots that emphasize responsibility and providing them with viable alternatives to early fatherhood. For example, programs for males that focus on school graduation, employment training, and a sense of future are more likely to be met with success in decreasing teen pregnancies. Developing the motivation to delay childbearing requires changing social and community norms concerning early childbearing and the roles and responsibilities of the male partner. The MIP has therefore focused on changing the social fabric by being comprehensive, rather than relying on traditional approaches that have had only limited scope and impact.

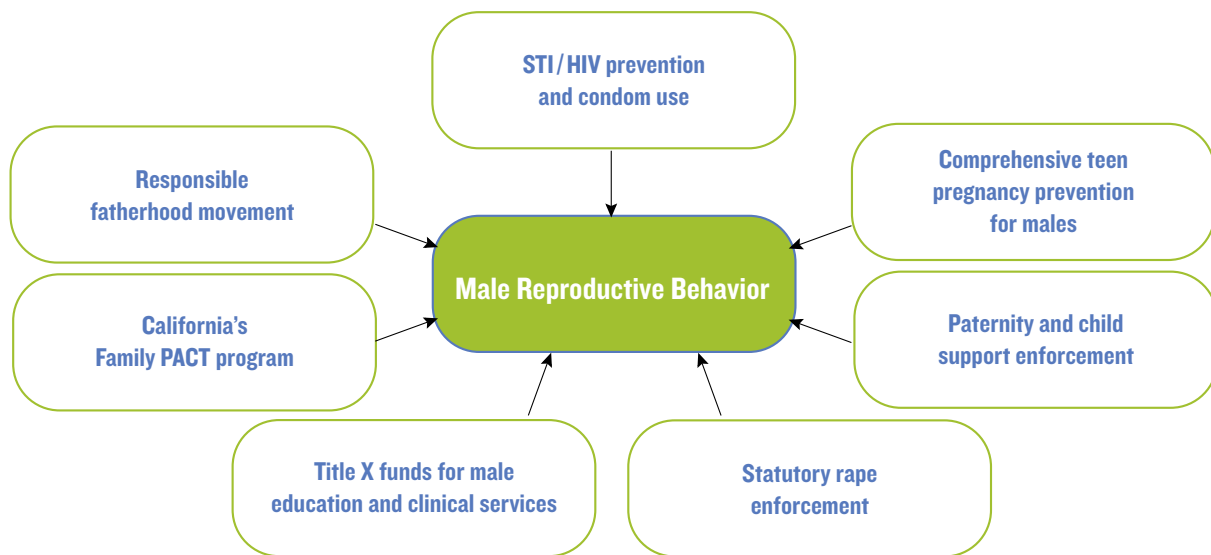
Until recently, the role of males in teen pregnancy prevention had not been widely recognized nor had it been a policy or funding priority. In recent years, however, the convergence of several public policy streams has given more attention to the role of males in pregnancy prevention, and to addressing the reproductive health needs of young men separately from their female partners:

- Concern about the spread of STIs, including HIV, has made the sexual and contraceptive behavior of males an urgent priority for public health and family planning providers. The promotion of condom use to curb STIs has necessarily meant targeting males in these prevention efforts because they are the ones who use condoms.

- Comprehensive teen pregnancy prevention programs for males are also taking root in a number of communities throughout the country. These programs have evolved with the recognition that consistent contraceptive use by the male and his partner is a key component for preventing unintended pregnancy. In California, in addition to the MIP, the Department of Health Services implemented a broad range of programs to reduce adolescent pregnancy, such as the Partnership for Responsible Parenting, the Community Challenge Grant Program, TeenSMART, and the Adolescent Family Life Program.
- Federal welfare reform legislation passed in 1996 (the Personal Responsibility and Work Opportunity Reconciliation Act) includes a mandate to decrease the number of out-of-wedlock births. In addition to pregnancy prevention programs, California has used a number of male-focused strategies to achieve this objective, including more rigorous enforcement of paternity identification and child support, and prosecution of statutory rape. In the fall of 1999, California received a \$20-million Temporary Assistance for Needy Families (TANF) bonus award from the federal government in recognition of California's successful efforts to reduce the number of out-of-wedlock births.
- California's Family PACT program, funded through the Department of Health Services, provides low-income women and men with clinical reproductive health services. Between FY 95/96 and 97/98, male participation in the program increased from one to four percent, including the provision of educational and clinical services to 10,562 adolescent males (ages 13-19) in FY 97/98. Under the auspices of a Medicaid 1115 Waiver, the state is further enhancing its direct family planning services for males by providing care through a network of public and private providers throughout the state. Implementation of the federal waiver allows the program to continue expanding services for males on an even greater scale throughout the state.
- Federal Title X family planning funded programs have also increased efforts to provide clinical and educational services for males through their network of publicly funded family planning clinics. Presently, \$1.2 million in Title X funds for California are specifically targeted for male services. This funding is used by agencies to increase their outreach efforts to males, to train clinical staff to work with male clients, and to purchase male-focused educational materials for use in the clinical setting. Special Male Responsibility Projects were funded at an additional \$126,000. Of the 63 Title X funded family planning agencies in California, 52 have committed to increasing their percentage of male clients by 20%.
- At the national level, a grassroots movement to encourage male involvement and responsible fatherhood has emerged, and the federal government has provided funding to support fatherhood programs as well as national conferences to spotlight promising efforts in this area.



*Figure 1: Health and Social Policy Streams Converging in Male Reproductive Behavior*



## **PROGRAM PHILOSOPHY**

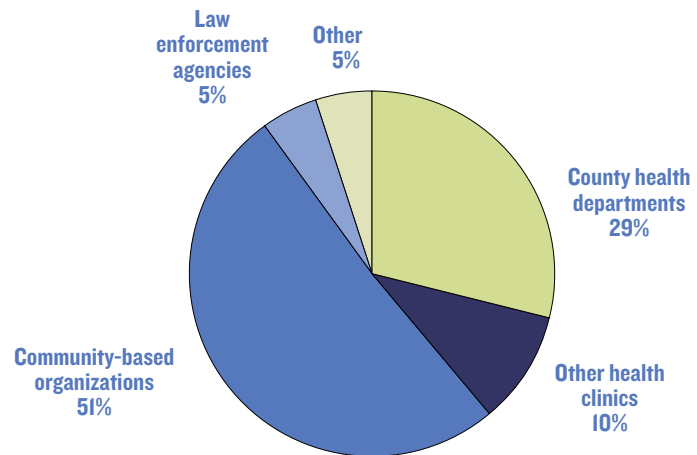
### **Community-Based Organizations Chosen to Implement the MIP**

California's Office of Family Planning selected community-based organizations for the MIP that could build on existing programs serving young men in a variety of settings. These agencies have proven track records in working effectively and responsively with the cultural groups of their communities. Rather than implementing a set of strategies prescribed from outside the community, the state encourages local programs to use a grassroots approach, integrating strong pregnancy prevention and responsible fatherhood messages into their already existing activities.

The organizations and individuals selected to lead the MIP have a keen understanding of the social, psychological, and economic make-up of their communities. Many had already established trust with the young men they planned to reach. However, few of the agencies had ever been supported in attempts to target young men with pregnancy prevention messages. Some agencies, such as local community clinics and health departments, had extensive experience providing family planning services, but had never offered comprehensive reproductive health and educational services to males, or did so in a limited capacity. In order to fill these gaps, OFP encourages the formation of formal subcontracting relationships, as well as informal collaboratives, in order to bring together community-specific experts in health education, youth development, and clinical service provision to further strengthen the MIP.

*Figure 2: Types of Agencies Implementing the MIP*

At the local level, more than half of the agencies implementing the MIP are community-based organizations, followed by county health departments, and other health clinics.



Note: These data are based on a sample of MIP agencies funded from 1996-99 (n=21)

### **A Holistic Approach to Teen Pregnancy Prevention: Building on Young Men's Strengths and Assets**

One of the major limitations of past teen pregnancy programs for females was the categorical nature of both funding and services, resulting in interventions that were not comprehensive in scope, and thus fell short of meeting the complex and varied needs of the young women they were trying to serve. Learning from these past efforts, the MIP adopts a more holistic approach to teen pregnancy prevention, utilizing a myriad of strategies to reach and engage young men in the program. These interventions are both practical and innovative, ranging from employment training and placement to culturally-based rites of passage ceremonies for participants who reach milestones in their lives. In this way, the MIP incorporates the concept of delaying fatherhood within the larger context of pursuing meaningful and viable life opportunities.

The strategies of the MIP are rooted in a common philosophy: only by focusing and building on the strengths and assets of the young men, their families and communities, will the MIP effect change in the lives of individuals and society as a whole. For instance, through activities and discussion, the programs encourage participants to develop or strengthen their sense of responsibility and respect for self and others, and to embrace the positive aspects of their cultural heritage – values that are seen as strongly linked to pregnancy prevention and responsible fatherhood.

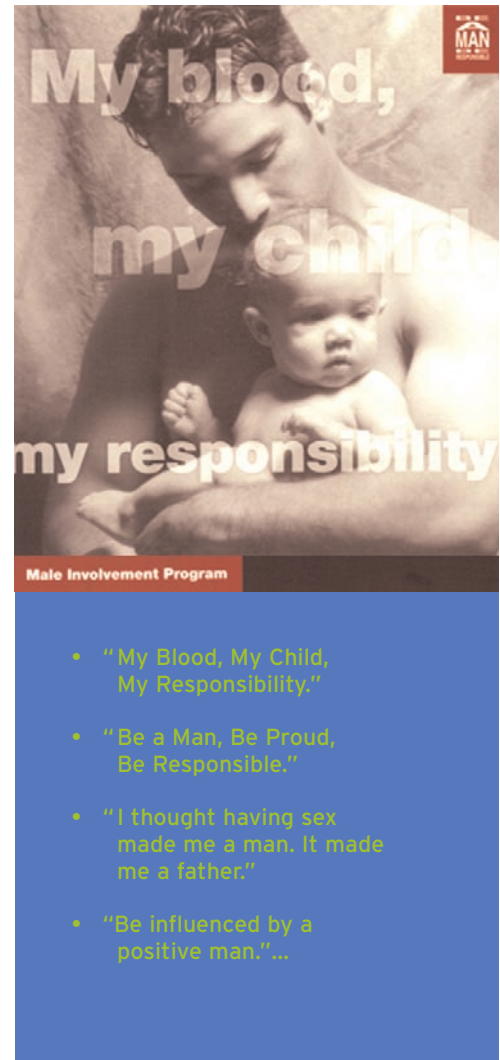
### **Program Design and MIP Strategies**

While each local MIP project adopts its own unique community-based approach, all are built on a common foundation that consists of eight core strategic components:

1. Community awareness of male involvement;
2. Community mobilization;
3. Prevention education services;
4. Youth leadership development;
5. Institutionalization of male involvement programs;
6. Youth-adult partnerships;
7. Guidance and referral; and
8. Linkages with clinical services.

### Community Awareness and Mobilization

When the MIP was initiated, the state recognized that societal perceptions and norms regarding males would need to shift in order for the programs to gain acceptance and support in their respective communities. To introduce the program to the public and to create awareness about the importance of involving young men in teen pregnancy prevention, the local projects designed and implemented community media awareness campaigns. Messages related to pregnancy prevention and responsible fatherhood were carefully crafted by program staff and participants to ensure their cultural relevance, and to reflect the styles and preferences of youth from diverse ethnic backgrounds. The slogans were posted on billboards, buses, bus benches, public bulletin boards, and at schools and other community sites. The local projects also designed and distributed public service announcements and advertisements for radio and television, as well as T-shirts, hats, videos, websites, bumper stickers, and murals. Almost all of the projects have been featured on local radio and television programs and in newspaper articles, spotlighting their efforts and extending the MIP's message of valuing young men as a community asset.



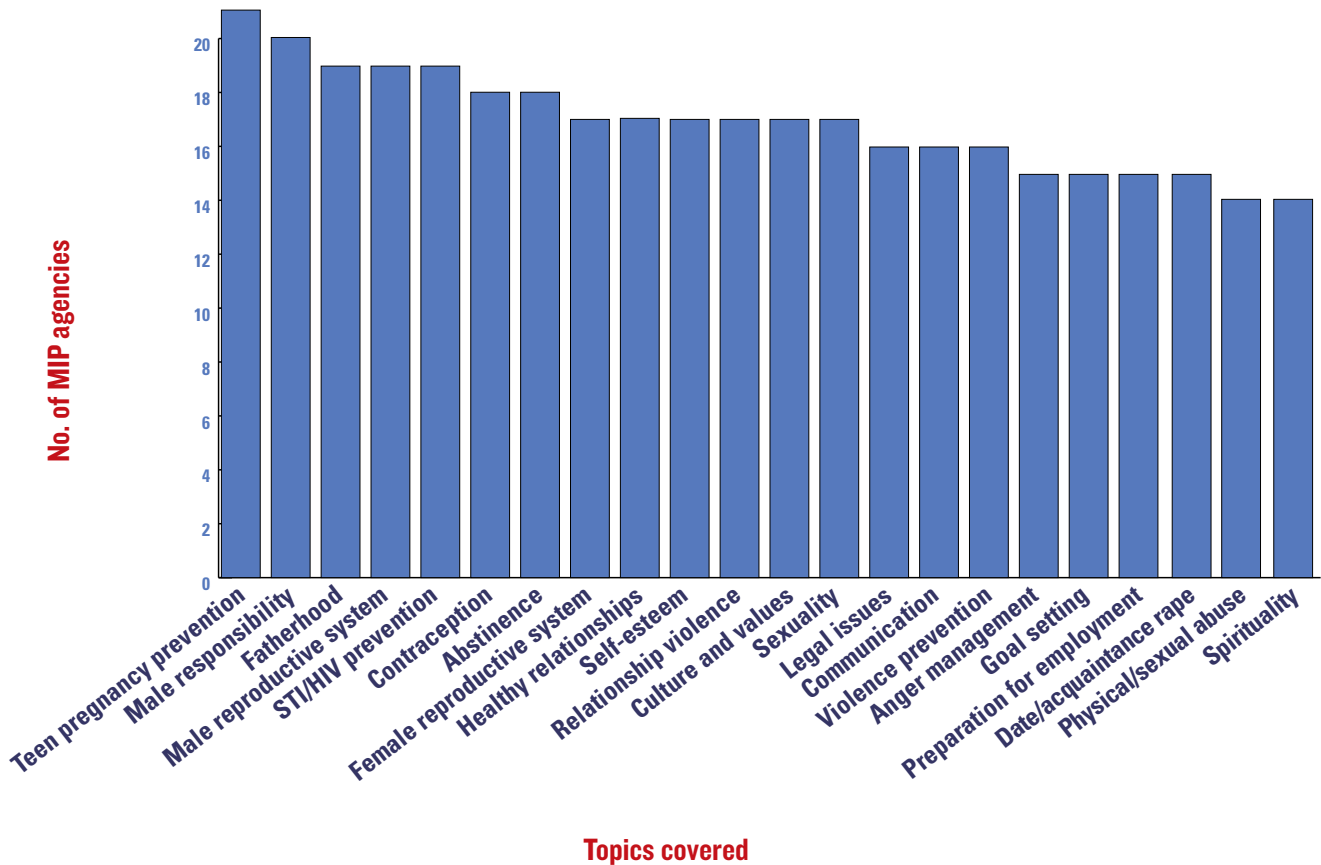
### Prevention Education and Youth Leadership Development

Philosophically, the programs recognize that to prevent teen pregnancy it is necessary not only to educate young men about reproductive health and family planning, but to understand and try to meet their greater psychosocial needs. As a result, the MIP addresses a broad spectrum of issues facing males, such as school retention, gang involvement, employment, finances, and housing. The MIP uses a mix of strategies and activities to reach out to young men to provide them with accurate information, and to help them develop the life skills they need to navigate a safe and healthy adolescence, and later, adulthood.

Each local MIP project has a strong educational component, with curricula covering a wide range of topics pertinent to adolescent and young adult males. In addition to educating young men about pregnancy and STI/HIV prevention, the programs address subjects such as building self-esteem, communication skills, anger management, and spirituality.

*Figure 3: Topics Covered by MIP Projects*

Teen pregnancy prevention, male responsibility, and fatherhood are the topics most often addressed by MIP projects, followed by the male reproductive health system, STI/HIV prevention, contraception, and abstinence.

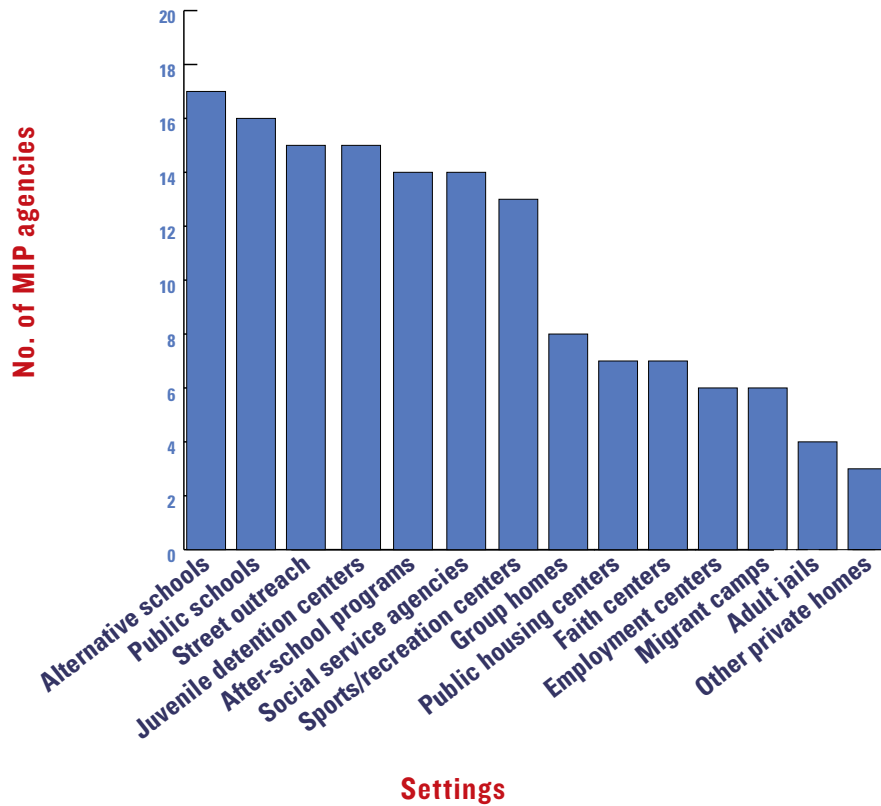


Note: These data are based on a sample of MIP agencies funded from 1996-99 (n=21)

To reach young men from diverse backgrounds and different sectors of society, MIP staff conduct outreach and deliver educational sessions in a variety of settings. These settings range from schools to juvenile detention centers, to faith centers and migrant work camps. However, it has not always proven easy to gain access to these venues, due to political and social constraints. Program staff have worked hard to build relationships with key community leaders and other youth-serving providers, gaining their trust and respect in the process. At times, program staff need to be very flexible in their approach, and to work with other providers to develop educational sessions that are acceptable, factual, and instructive. Due to these efforts, MIP projects have been able to gain access to males in school districts, juvenile justice and probation departments, and other community institutions.

*Figure 4: Settings Where MIP Staff Conduct Educational Sessions*

MIP educational sessions and programs are most often delivered in public and alternative schools, through street outreach, and in juvenile detention centers and after-school programs.



### Settings

Note: These data are based on a sample of MIP agencies funded from 1996-99 (n=21)

Outreach and educational sessions are held in diverse settings, reflecting the ability of the MIP to tap into local resources. Staff members from the **San Bernardino County Health Department** and the **Family Service Agency of San Francisco** reach incarcerated youth and young adults by conducting twice-weekly educational sessions in county detention jail facilities. In **Madera County**, MIP educators within the public health department visit young men living in migrant labor camps on a weekly basis.

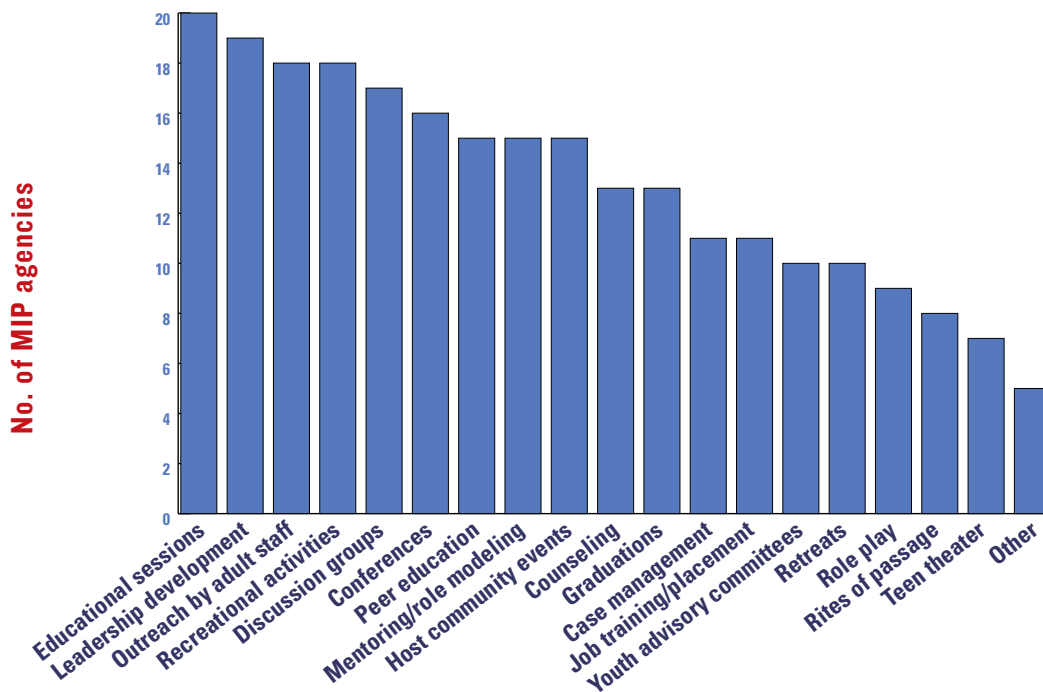
Since these laborers do not have a regular source of health care, the MIP teamed up with mobile health unit nurses to deliver basic health screening services. In yet another nontraditional setting, the **Youth Intervention Program** (Los Angeles County) facilitates a men's fellowship group. Led by a local pastor, young adult men gather at a church on Saturday evenings to dialogue about male responsibility.



In addition to delivering educational sessions, each local MIP project uses a unique combination of interventions and strategies that enable participants to hone important life skills. Some interventions are long term, such as youth development programs that conduct culturally-based rites of passage programs running two to twelve months or longer. Others are shorter in length, such as conferences and retreats for young men, or one-time-only educational sessions held in schools. Thus, the interventions range in length, from one-time educational sessions to ongoing meetings held over several months.

*Figure 5: Interventions and Strategies Used by MIP Projects*

MIP agencies use educational sessions, leadership development, outreach by adult staff, and recreational activities to engage young men.



### Interventions and Strategies

Note: These data are based on a sample of MIP agencies funded from 1996-99 (n=21)



The **Coalition for Children, Adolescents and Parents** (Orange County) uses a unique and popular intervention to deliver MIP messages: adolescent males write and produce plays on subjects such as teen parenting and violence prevention. Participants perform in middle and high schools throughout the county, and have developed a following of students and teachers who are interested in the program.



The **Logan Heights Program** (San Diego), the **Mexican American Community Services Agency** (San Jose), and the **Los Compadres Program** (Santa Barbara) primarily serve Latino populations, with participants ranging from recent immigrants to second or third generation Latino families. These programs use a curriculum called “**El Joven Noble**” (The Noble Young Man), which teaches traditional Latino values. For example, MIP staff instruct that the joven noble is a man of honor who is respectful and responsible, and who takes good care of his family. These programs also incorporate music, dance, and arts and crafts in their programming to teach about and celebrate their indigenous and mestizo heritage.

The strategies implemented by each individual MIP are designed to enhance and embrace the values and beliefs of the males and families they serve. As such, respect for familial and cultural traditions are often woven into the messages and activities of the programs, helping the young men to develop a sense of identity and pride.

### **Institutionalization of Male Involvement Programs**

As male involvement is a relatively new concept in teen pregnancy prevention, and because adolescent males and young adult men are not often the recipients of positive attention in society, one of the goals of the MIP is to reverse these trends by mobilizing community members to pay special attention to the unique needs and assets of this population. In fact, the goal is to ensure that male involvement becomes an integral component of youth programs and community institutions.

This institutionalization of the MIP has been noted at many levels within the local agencies and the communities in which they operate. For instance, numerous school districts and juvenile justice systems in counties where MIP projects are based require that young men participate in the program. In the Compton Unified School District, high school students receive school credit for a health education class facilitated by MIP staff. In San Joaquin County and Santa Barbara, the District Attorney's Office mandates that juvenile offenders attend MIP sessions. Other community institutions that do not traditionally focus on youth have also expanded their services and offered support. In Bakersfield, the local municipal transit authority allows young men to ride the bus to and from the MIP agency free of charge. In other sites, MIP staff have made an impact on staff in their own agencies, encouraging and assisting them to make their services and centers more youth-oriented and male-friendly. For example, the Tulare County Department of Health and Social Services changed their application and hiring procedures in order to officially employ youth educators. At first, the youth educators worked solely under the auspices of the MIP, but their services were in such high demand that youth are now hired for numerous other programs throughout the department. Additionally, many of the local MIP projects have hired former participants as educators, several of whom have been promoted to be program coordinators and directors.

**EM3 (Educated Men, Meaningful Messages)** (Long Beach), serves the Southeast Asian community. Because the Buddhist Temple is a significant cultural center and gathering place in the community, MIP staff facilitate a youth group at the temple on weekends. Rather than directly addressing the topic of teen pregnancy prevention, MIP educators use a more culturally sensitive approach by focusing on values, education, and healthy lifestyles. With the support of religious leaders as well as family members, MIP participants take Cambodian culture classes, receive tutoring and school guidance, and participate in discussion groups that address male responsibility in this context.



Youth participating in the MIP at the **Ebony Counseling Center** (Bakersfield) have formed a Stomp Team. Stepping is an activity that combines dance, music, and a form of synchronized marching based in African-American tradition. Team members (ages 10 to 14) attend regular practice sessions and perform at various fairs and events in their community. The team took first place at the Cinco de Mayo and Black History Parade competitions in 1999. Staff members have been impressed by the group's strong commitment to the team and note that their involvement builds self-esteem, motivation and discipline. Stomp Team practice is also a prime time for the MIP educators to talk to participants about the key issues affecting their lives, including pregnancy prevention and responsible parenting.

**The OK Program** (Sacramento), implemented by the local sheriff's department, provides a Saturday study hall for middle and high school students. Volunteers from the community participate in the weekly meetings by tutoring and facilitating educational sessions on topics of interest to adolescent males. In the afternoon, adults and teens team up to play basketball and other sports. They also take frequent group field trips, the most popular of which are pro football and basketball games. Similarly, one of the major components of the **Interface Family Services** program (Ventura County) is the regular meeting of a small group of eight high school students with a member of the deputy sheriff's team. The young men have formed a close bond with the facilitator, who helps them with school work and college applications, introduces them to other professionals offering career guidance, takes them on outings, and hosts events for the males and their families.

### Youth-Adult Partnerships

Evaluations of past youth development programs indicate that one of the most important factors preventing adolescent males from engaging in high risk behaviors is being connected to a positive adult male role model. The youth-adult partnership component of the MIP assures that participants spend time with responsible and caring adult men (in addition to MIP adult staff), who provide assistance, guidance, and friendship. Most participants have the opportunity to meet with adults one-on-one, as well as during group activities such as field trips and outings. These partnerships allow young men to develop a range of important skills, including the ability to communicate effectively with people of different ages, to resolve conflict effectively, and to perceive a range of productive future life options, as well as the ability to achieve them.



### Referrals and Linkages with Other Youth Serving Providers

Recognizing that a single agency cannot meet the varied and complex needs of every young man it serves, each MIP develops relationships with other service providers in the community. These inter-agency and staff collaboratives allow the programs to offer a comprehensive array of services. Participants are referred to other agencies where they can gain access to needed services such as employment training, psychological counseling, family planning, and STI testing and treatment. The working partnerships allow the local projects to raise awareness about the importance of male involvement, inspiring other agencies to become more male-friendly. In turn, the collaborating agencies refer other young men whom they serve to the MIP.

Participants from a number of MIP projects express a strong interest in obtaining jobs, but in general, do not know how to navigate the process. In response to their needs, several projects have teamed with local employment agencies. In Fresno, **Planned Parenthood Mar Monte** formed a collaborative with the County Job Development and Placement Agency to link participants with employment opportunities. Similarly, **Los Compadres** (Santa Barbara) works closely with the Youth Employment Agency to match males to jobs. The **El Nido Program** (Compton), the **Bienvenidos Family Services** (East Los Angeles), and the **Alameda and Santa Cruz Public Health Departments** have also been effective in this area. Other sites have invited speakers or counselors from job agencies to work with MIP participants on-site. These programs follow young men through the job hunting process from start to finish. They receive guidance on completing job applications, creating resumes, and “dressing for success.” Once they are employed, MIP staff members often follow up to check on progress and job satisfaction and to ensure job retention. In several cases, local company executives who have learned about the MIP have employed participants and graduates of the program.



## THE YOUNG MEN'S SUMMIT

In addition to funding and overseeing these ongoing statewide efforts, the Office of Family Planning makes a major investment in young men by sponsoring an annual Young Men's Summit for MIP staff and participants. This event brings together over 200 participants (MIP staff and 4-5 young men from each agency). The first Summit was held at California Poly Technical State University in Pomona and the 2000 event brought MIP leaders and young men together at San Jose State University. The Summit is planned by and for MIP participants—conference activities, workshop topics, menus, and ground rules are selected by a youth steering committee that takes part in a planning session held several months prior to the event. A major goal of the Summit is to reinforce or teach leadership skills to young men that they can take back to their community for creating positive change.

The Summit has been very well-received by the participating young men and staff alike. Participants break popular misperceptions by discussing male responsibility in teen pregnancy prevention in a weekend absent of alcohol, drugs and violence. The young men have the opportunity to meet and interact with people from different cultures, backgrounds and neighborhoods in a safe and open atmosphere. Attendees hear motivational speakers, address youth-relevant issues, and conduct and participate in educational workshops, small discussion groups, and recreational activities. From practicing Tai Chi Chuan, to touring the campus (for many it is their first time on a college campus), to discussing male responsibility, the young men are engaged and motivated to apply what they learn at the Summit to their own lives, families, and communities.

As a follow-up to the first year's Summit, most of the programs received special funding to implement a "mini-project." The idea was for conference attendees to bring lessons learned back to their peers by designing and implementing a project that encompassed the spirit and principles set forth during the event. Some of the follow-up projects included a town hall meeting facilitated by participants focusing on the needs and concerns of male youth; a community mural designed and painted by participants with MIP community awareness campaign slogans; and the planning and hosting of local forums and conferences for those young men who were not able to attend the Summit.

### Summit highlights, from the perspective of MIP staff members:

*"The Summit gave the young men a broader view of the [MIP] program, and they began to understand that they are part of something bigger – a statewide movement. They learned that others share their issues and the importance of being connected."*



*"The guys were very impressed. They felt that they had been on a spiritual retreat."*



*"The Summit validated themes and messages that participants had been hearing in our MIP curriculum... the young men gained confidence and realized they were not alone working on teen pregnancy prevention."*



*"The best part of the Summit was the opportunity to connect with a wide array of individuals committed to improving the lives of young men."*







**Summit highlights, from the perspective of MIP participants:**

*“Mr. Cardenas (presenter) has given me a rebirth in terms of my respect for my mamacita (mother) and my spirituality. I just want to say gracias to him and to the people who brought him here.”*

∞

*“I will take this experience with me always.”*

∞

*“This was a great opportunity for me to search within myself and come up with something really great.”*

∞

*“Everybody came to work as ONE!”*

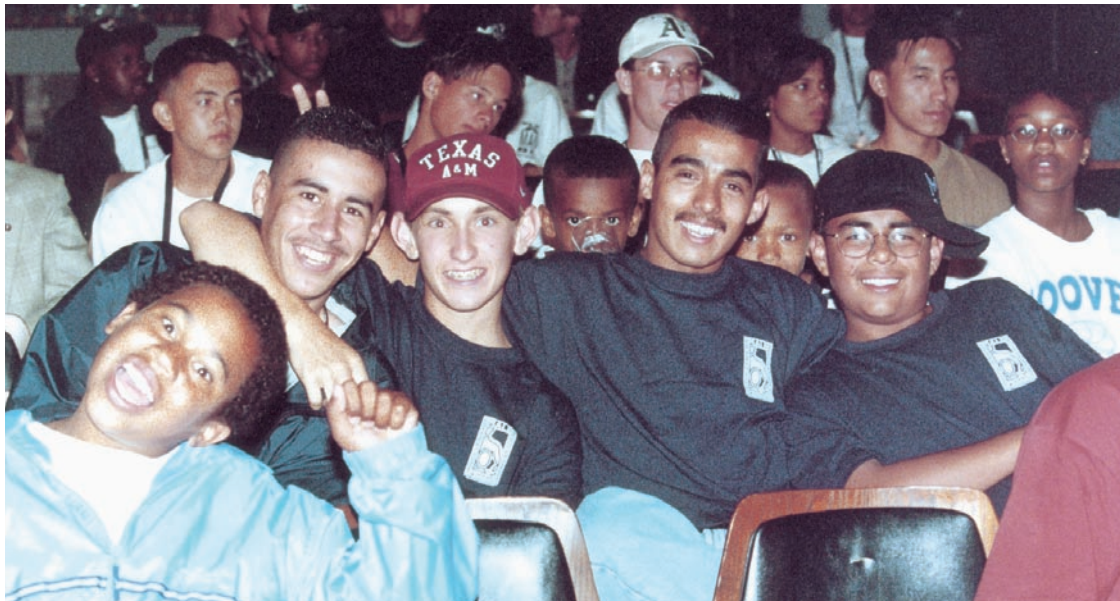
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*“The sense of brotherhood was amazing!”*

∞

*“The guest speakers taught us that we are already leaders of our communities, and role models...now it's time to make a difference.”*

Overall, the Summit has been a positive event for both the young men and adults involved. According to program staff, attendees return to their communities with a greater sense of commitment to the MIP and felt inspired to make meaningful change in their communities.



## EVALUATION: TRACKING MIP SUCCESS

Given the innovative nature and relatively early developmental stage of the program, the evaluation design for the MIP has been primarily process-oriented. Both quantitative and qualitative methods are used to document program implementation, strategies and activities, and to highlight program accomplishments. The evaluation of the MIP attempts to answer a number of key evaluation questions:

### *Program Participants*

- What is the personal profile of males participating in the MIP?
- What knowledge, attitudinal, and behavioral changes occur as a result of participation in the program?

### *Program Strategies*

- What program strategies have been effective in actively involving males in teen pregnancy prevention efforts?
- How have strategies been tailored to working with adolescent males, as compared to young adult men?

### *Social and Cultural Norms*

- In what ways have social and cultural norms shaped the MIP?
- What lessons have the programs learned in making the program culturally relevant for participating males and their families?

### *Institutional Changes and Links to Clinical Services*

- What types of institutional or systems changes have occurred as a result of the implementation of the MIP?
- Have programs been successful in linking participants to clinical reproductive health services, as well as other community services they may need?

### *Youth Development and Youth-Adult Partnerships*

- How have adolescents been involved in the planning and implementation of the MIP?
- Have adolescents and young adult males been linked successfully with adult male role models through the MIP?

A survey completed by participants at program entry and exit is the primary quantitative tool for assessing changes in sexual and reproductive knowledge, attitudes toward pregnancy and family planning, and contraceptive use. Several qualitative data collection methods are also used to identify the most effective strategies employed, as well as barriers to the overall success of the program. These findings are based primarily on site visits, interviews with program staff, focus groups with participants, regional roundtable meetings, and review of quarterly progress reports completed by MIP staff. Evaluation results of the MIP's first years of implementation (1997-2001) are presented in this section. Key findings from the evaluation linked to the research question cited above are also found in the "Lessons Learned" section of this monograph.

## Evaluation Findings

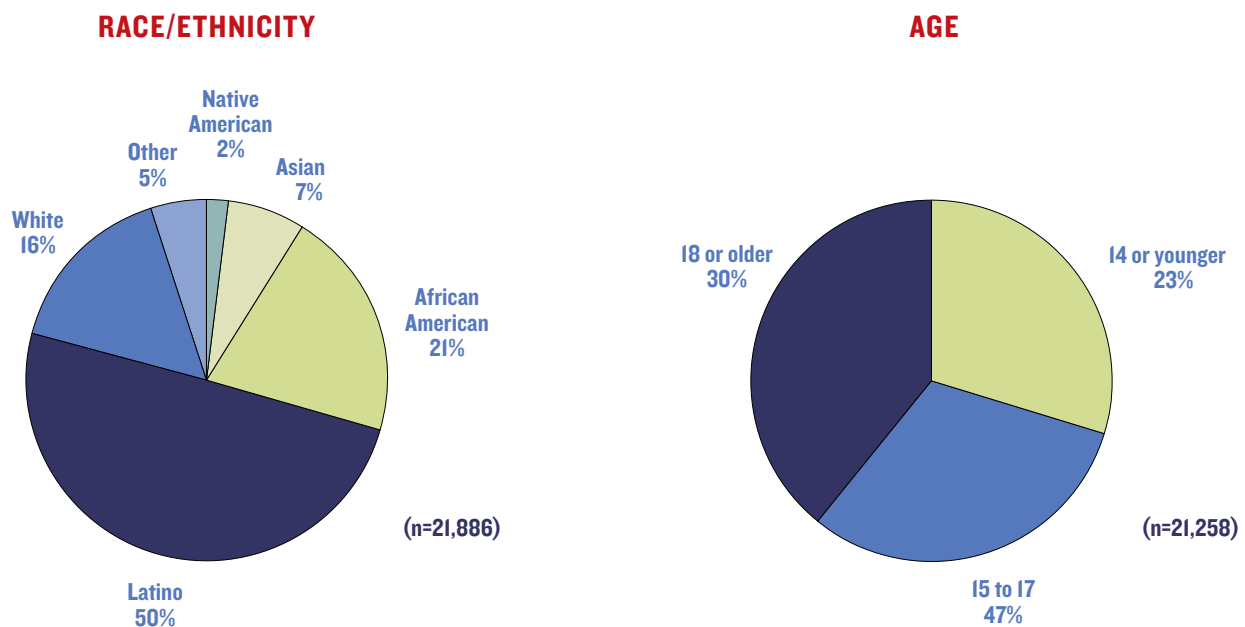
### A Profile of Adolescent and Young Adult Males Reached by the MIP

Between February 1997 and December 2001, more than 95,000 males throughout the state of California participated in the MIP program through a vast number of activities including classroom sessions, after-school programs, leadership trainings, and MIP-sponsored health fairs and conferences. In addition, local programs reached thousands more adults and young men through their community-based media awareness campaigns.

The following data reflects information gathered through surveys completed by a subset of participants. Approximately 22,500 MIP participants completed a survey between February 1997 and December 2001. As seen in Figure 6, the young men participating in the program are diverse with respect to racial/ethnic background and age.

*Figure 6: MIP Participant Profile: Race/Ethnicity and Age (1997-2001)*

The majority of MIP participants are either Latino or African-American males, followed by White, Asian, other ethnic groups, and Native American. The program reaches a broad age range of both teenagers and young adult males.



Half (50%) of the males surveyed are Latino, 21% African-American, 16% White, 7% Asian, 2% Native American, and 5% are of other or mixed ethnicity. About one in four males surveyed (23%) are 14 years or younger, 47% are 15-17 years, and 30% are males 18 years or older. Over four of five participants (83%) are currently attending school, 6% have already graduated from high school, and the remaining 11% are not currently in school.

## The Majority of MIP Participants Are Sexually Experienced at Program Entry

The sexual experience of males at program entry is indicative of their partners' risk of an unintended pregnancy and their likelihood of becoming fathers at an early age. Several of these key indicators demonstrate that, at program entry, the MIP is reaching a group of young men who are at risk and in need of reproductive health and educational services:

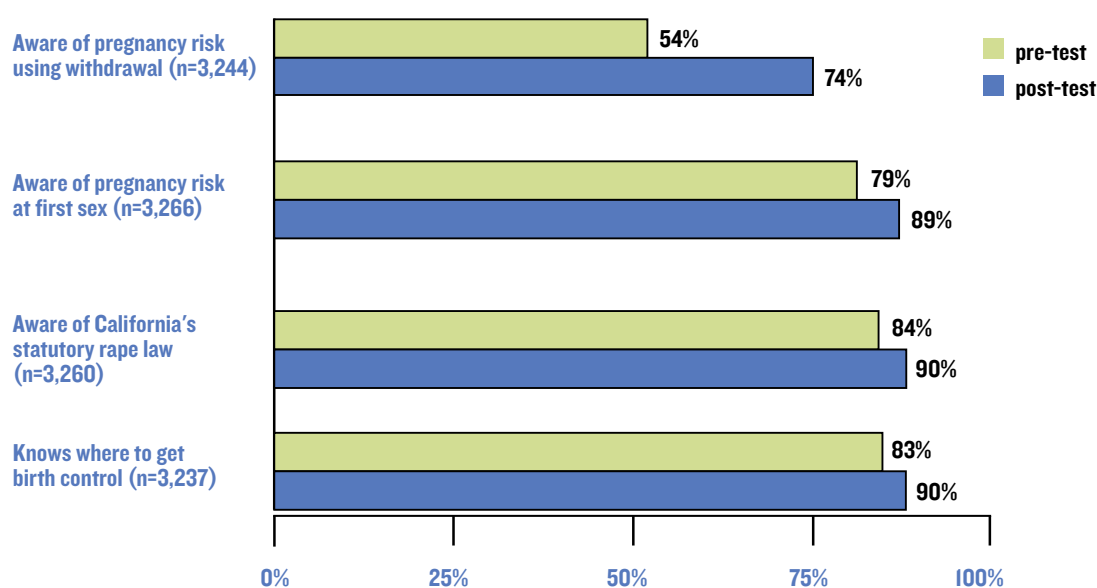
- Among participants, 65% of participants report that they have previously had sexual intercourse, with an average age at first sexual intercourse of 13.6 years.
- Among those who have had sex, 34% have experienced a past pregnancy with a partner.
- One in four of all males surveyed (25%) are already fathers.
- Slightly more than half reported that they had used a method of contraception when they last had sex (56%).

## Changes in the Knowledge, Attitudes and Behavior of Males, Before and After Program Participation

An analysis of a sub-sample of matched pre- and post-surveys (n=3,390) collected in 1997-2001 provides an opportunity to follow those MIP participants that have had a longer-term relationship with program staff and to measure changes in their knowledge, attitudes and behaviors over time.

*Figure 7: Males' Knowledge Regarding Pregnancy Prevention, Before and After Participating in the MIP\* (1997-2001)*

Males participating in the MIP improved their level of knowledge regarding their risk of causing a pregnancy, awareness of California's statutory rape law, and where to obtain contraceptives.

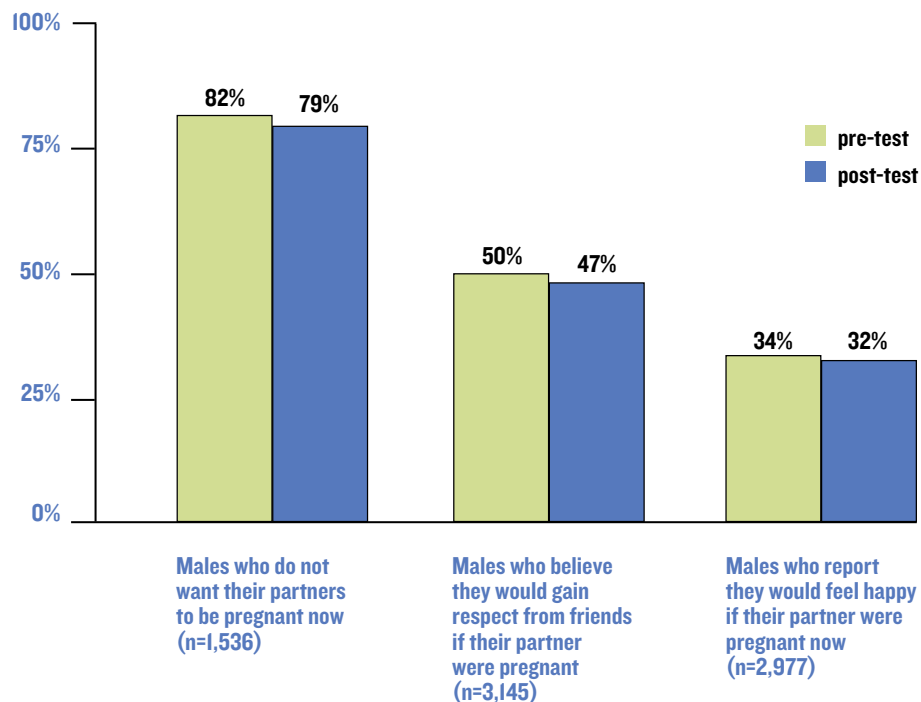


\*All differences are statistically significant at  $p < .0001$

Male participants demonstrated a substantial increase in their awareness of their risk for causing a pregnancy using withdrawal, from 54% at the pre-survey to 74% at the post-survey. Similarly, their awareness of pregnancy risk at first sexual intercourse increased, from 79% at program entry to 89% at the post-survey. There was an increase in awareness about California's statutory rape law, from 84% to 90% at the post-survey. The law requires reporting of sexual intercourse between a minor who is under age 16 and an adult who is 21 years or older. Finally, respondents showed an improvement in their knowledge of where to obtain birth control, from 83% at program entry to 90% at the post-survey. All of these findings were statistically significant and reflect that the MIP has successfully disseminated factually accurate information to young men so that they are able to make more informed decisions with regard to their and their partner's contraceptive use and reproductive health.

*Figure 8: Males' Feelings Toward Parenting, Before and After Participating in the MIP\* (1997-2001)*

Male participants experience ambivalent feelings toward pregnancy and parenting. Although the majority of males reported that they do not want their partners to be pregnant, nearly half believe they would gain respect from friends, while one-third would feel happy if their partners were pregnant now.



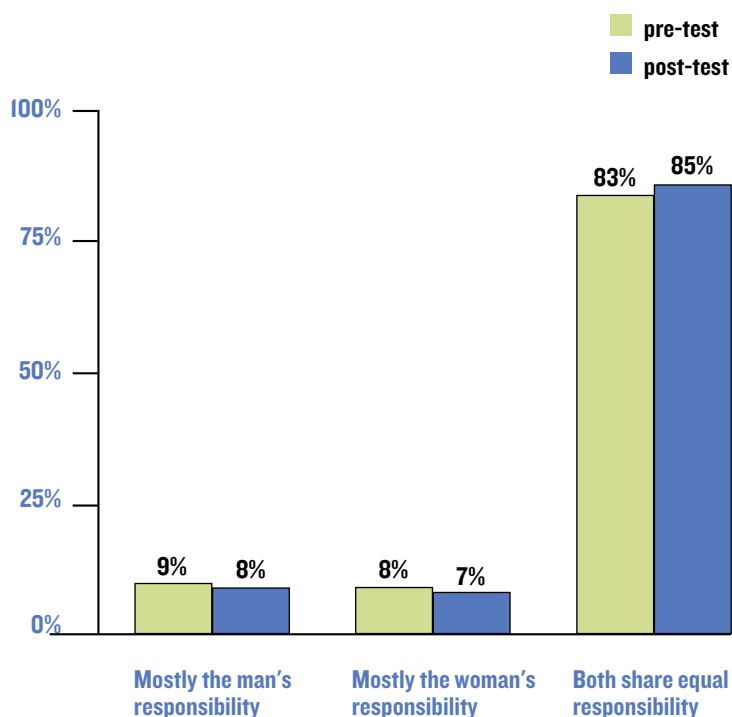
\*All differences are statistically significant at  $p < .0001$

At the post test, the majority (79%) reported that they do not want their partners to be pregnant (82% at program entry). Answers to questions regarding how they would feel if their partner were actually pregnant and the acceptability of early childbearing among peers elucidate that young men experience a range of feelings about pregnancy. Approximately half of the males surveyed feel a pregnancy would bring more respect from their friends (50% at program entry and 47% at the post-survey). Respondents anticipated having mixed feelings if they were to get someone pregnant. However, a smaller proportion of young men expressed at both baseline and follow-up (34% and 32%, respectively) that they would feel very happy or happy about a pregnancy.

*Figure 9: Males' Attitudes Regarding Contraceptive Responsibility and Communication, Before and After Participating in the MIP (1997-2001)*

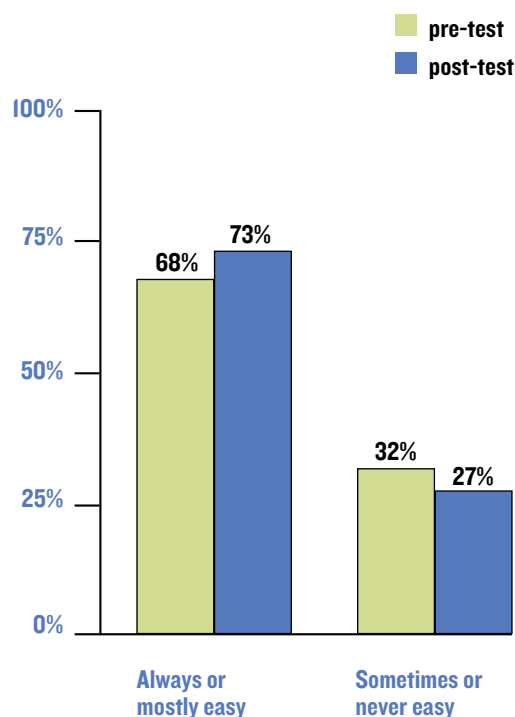
Sexually active males participating in the MIP indicate positive feelings toward contraception. The majority believe that ensuring contraceptive use is a shared responsibility and report they are able to communicate with their partners about contraception and sex.

### Whose Responsibility is it to Ensure That Birth Control is Used?



\*All differences are statistically significant at  $p < .0001$ . (n=3,207)

### Level of Comfort Communicating with Partner About Birth Control and Sex



\*All differences are statistically significant at  $p < .0001$ . (n=1,738)

Attitudes toward responsibility for contraceptive use were very positive: the vast majority of males (83% in the pre-survey and 85% in the post-survey) feel that the use of birth control is a shared responsibility. However, the respondents' level of comfort about actually discussing birth control and sex with their partners was lower, but improved over time as a result of participating in the MIP program (68% in the pre-survey and 73% in the post-survey reported it is always or mostly easy to communicate about sex and birth control). Thus, even though there were improvements in this area, a noticeable gap exists between the beliefs and behavior of participants. This gap may reflect a lack of comfort, confidence, and skill discussing and using contraception among a subset of participants. This pattern may also be reflected in the proportion of males who reported using contraceptives at last intercourse. While the proportion improved over time (56% and 63%, respectively), it was not statistically significant. Among those males who reported using contraception, a large proportion of them used condoms. Additional longitudinal follow-up data would be useful to see if the patterns of contraceptive use changed over time. In the meantime, there is a need for continued reinforcement of this important aspect of the male's relationships, given his influence on the couple's contraceptive use. These results also point to the multiple challenges of supporting young men's effort to be sexually responsible.



In sum, although a majority (nearly 2 in 3) of young men participating in the MIP are sexually experienced and 1 in 4 are already fathers, the vast majority (79%) do not desire a pregnancy at this point in their lives. MIP participants showed a substantial increase in their reproductive health knowledge and a greater awareness of pregnancy risk after exposure to the program, but also reported experiencing ambivalent feelings about what a pregnancy would symbolize in their lives. While there was a significant increase in young men's knowledge and a positive improvement in attitudes regarding responsible sexual behavior, there remains room for improvement regarding communication about sex and birth control and actual method use. Given the lack of statistically significant improvements in contraceptive behavior, it appears that young men need additional support and reinforcement of the program's central messages regarding male responsibility, including helping young men clarify their feelings regarding parenthood, make informed decisions, and playing an active role in preventing a pregnancy.

## LESSONS LEARNED

An important objective of this publication is to share the experience of the agencies and individuals who comprise the MIP in the hope that the information will assist others in creating and improving teen pregnancy prevention programs for adolescent males and young adult men. The following highlights the principal lessons learned during the first four years of the program's implementation. These lessons are primarily based on the qualitative information gathered through the MIP evaluation site visits, interviews with program staff, focus groups with young men, roundtable meetings, and review of quarterly reports submitted by the local programs.

### *Program Strategies*

Over the course of the MIP, programs developed creative holistic approaches in order to effectively reach and engage males in teen pregnancy prevention efforts. Successful strategies recognize that reproductive health is only one issue facing males and programs work best when they address a broader range of young men's concerns (e.g. economic security, education and academic pursuits, and concerns for safety). The MIP, like other teen pregnancy prevention programs in California (e.g. the Community Challenge Grant), has found that family life education coupled with youth development activities is an effective approach and more effective than providing family life education alone. Youth development and life skills programs often focus on the developmental needs of young people, emphasizing their physical, mental, social and spiritual growth. The common element is that youth development programs provide teens with opportunity and hope, thus playing an important role in pregnancy prevention. By providing opportunities, and helping young men develop life skills--whether learning to communicate with their partners about contraception or securing a job--effective programs empower young men to take positive, responsible action in all areas of their life, including reproductive health and sexuality. Different approaches are needed to engage younger adolescent males (ages 14 and below) versus older adolescent and young adult men in the program. MIP staff have thus tailored their activities to be age-appropriate. For instance, field trips and recreational activities are a great attraction for young males, while older males have benefited from in-depth discussion groups where they are able to talk about issues in a safe and supportive environment.

### *Social and Cultural Norms*

MIP programs serve a diverse group of young men in a variety of settings (schools, juvenile detention centers, faith centers, and migrant work camps). However, it has not always proven easy to gain access to these settings due to political and social constraints. MIP programs have had to work hard to build relationships with key community leaders, administrators, and other youth-serving providers. Often times, being flexible in their approach, working

with providers to develop educational sessions that are acceptable, factual, and instructive allowed MIP staff to gain acceptance, trust and respect from providers. Successful programs for males also encourage participants to embrace the positive aspects of their cultural heritage and use cultural teachings to strengthen young men's sense of responsibility and respect for self and others. Evaluation of the MIP indicates that effective strategies are culturally relevant for participating youth and their families and instill cultural pride that serves as a powerful agent for positive behavioral change. From *Círculos de Hombres* (discussion groups for men that emphasize their cultural strengths) to Stomp Teams (synchronized music and dance groups), positive traditions are embraced and diversity is celebrated.

#### *Institutional Changes and Links to Clinical Services*

Institutional and systems level changes involving male involvement in teen pregnancy prevention also appear closely linked to successful MIP projects. Institutionalization of activities (e.g. school districts offering MIP classes for credit or a local transit authority providing free transportation to and from MIP events) has helped to ensure that male involvement becomes an integral component of the community. Successful programs have also linked with other youth serving agencies to better meet the varied and complex needs of their target populations. While educational programs provided teens with the information they needed, it soon became apparent that sexually active teens also needed assistance with accessing contraceptive services. Building relationships with clinical service providers has been particularly important in educating others on the unique needs of males, in encouraging agencies to be more male-friendly, and in ensuring needed access to family planning and reproductive health services for males.

#### *Youth Development and Youth-Adult Partnerships*

The MIP projects have achieved considerable success by involving their target population in program planning and keeping a strong focus on youth development activities. Effective programs have come to realize that preventing teen pregnancy requires meeting the greater psychological needs of the young men they reach. Staff have also found that it is critical to assist their program participants in developing the life skills they need to navigate a safe and healthy pathway to adolescence and adulthood. Youth-adult partnerships have also been an important ingredient. For example, MIP staff members serve as positive adult male role models for youth. Young men in quality programs have the opportunity to interact with responsible, respectful, caring adult men in leadership positions. In some cases, participants have become educators themselves, setting an excellent example for younger males in the program.

### **BARRIERS AND CHALLENGES**

The MIP has faced a variety of barriers and challenges through the course of its evolution. The MIP projects are working within a society that has been slow to recognize the need to actively engage males in contraceptive decision-making and efforts to promote responsible sexual behavior. Traditionally, far too often males have not been integrated in other clinical and community-based efforts to prevent teenage pregnancy. Thus, the local MIP agencies have not had the historical experience of working with young men and have had to chart new territory by creating new programs or expanding existing programs with little experience. For example, developing innovative educational curricula for males that focuses on family life education and issues that young men face and training other agency staff members about the unique needs of young men have required, and continue to require, tremendous time and effort on the part of the program staff. Yet, this is an exceptionally important arena to focus on given the influence men have in assuring responsible sexual decision-making, including decisions to delay sexual activity and remain abstinent, as well as their or their partner's use of birth control, if they become sexually active.

A central and challenging objective of the MIP is to change social and community norms regarding the positive role males can play in teen pregnancy prevention. Making a substantive and lasting impact on cultural norms and social context requires mobilizing communities to adopt the issue of male involvement. This goal is not easily accomplished by these relatively small, community-based programs. However, the MIP agencies have successfully reached out and formed partnerships with other youth-serving providers. Gaining entry for the MIP in settings such as mainstream schools and detention centers, for example, has been a challenge for many MIP projects, particularly in the early months of program implementation. Staff have had to work diligently to build and maintain trusting relationships and to establish rapport with community members in order to gain access to young men in these settings. While fully measuring the program's impact on the broader community is difficult, the initial efforts have shown that many community stakeholders are interested in supporting the MIP and embracing the message of male responsibility.

The MIP agencies have also been challenged to assure quality educational programs, while meeting the needs of an extremely diverse target population in terms of age, culture, and ethnicity. Adopting a holistic and developmentally appropriate approach to youth as it relates to teen pregnancy prevention has meant taking into account the full range of psychosocial and environmental concerns of males. Although the MIP has come a long way in learning to find balance and in enhancing youth development efforts, significant barriers still exist in assuring a broader adoption of teen pregnancy prevention and male-responsibility efforts throughout the state.

Finally, it is important to acknowledge the limitations of the evaluation of the MIP, which has been primarily descriptive and process-oriented in its design. Given the early developmental stage of the MIP, the necessity of developing brand new efforts to reach such a diverse group of males, the research design adopted is useful in documenting the initial lessons learned. However, the evaluation is unable to track program participants over a long time frame and is limited to measuring immediate program outcomes based on a relatively short period of participant exposure to the program.

## **FUTURE PLANS**

OFP created a framework for the MIP and established a core set of strategies, yet also allowed great flexibility at the local level in order for the projects to best meet the diverse needs of their communities. OFP renewed its commitment by funding 25 MIP programs for an additional four-year period, through June 2003. This funding allows both the experienced and newly funded programs to design and implement innovative, comprehensive, and community-based approaches to more fully engage and mobilize young men to prevent teen pregnancy.

Combined with statewide efforts to expand clinical family planning services to reach larger numbers of sexually active males and continued promotion of male responsibility through the statewide media campaign, there are unique opportunities to further enhance the role males play in preventing teen pregnancies. The current wave of policy and program development will result in providing adolescent males and adult men with access to the contraceptive and clinical services many need, as well as responding to the myriad of social, economic, and psychological needs they have. It is hoped that these innovative efforts will spark interest and support for male involvement in communities, towns, cities and states throughout the country.

## **Male Involvement Programs**

Alameda County Public Health Department, Oakland  
Bienvenidos Children's Center, Los Angeles\*  
Children Having Children, San Diego  
Coalition for Children, Adolescents  
and Parents, Orange  
Community Action Commission of Santa Barbara  
County, Los Compadres Program\*, Santa Barbara  
Community Wellness Project, Pomona  
Ebony Counseling Center, Bakersfield\*  
Economic Opportunity Commission, San Luis Obispo\*  
El Nido Family Centers, Compton\*  
Family Services Agency of San Francisco, San Francisco  
Huckleberry Youth Programs, San Rafael\*  
Indian Health Council, Pauma Valley\*  
Interface Children Family Services  
of Ventura County, Camarillo  
Inter-Tribal Council of California, Inc., Nice\*  
Inyo County Health and Human Services, Bishop\*  
Logan Heights Family Health Center, San Diego\*  
Long Beach Department of Health  
and Human Services, Long Beach\*  
Madera County Public Health Department, Madera\*  
Mexican American Community Services Agency, San Jose\*  
Northridge Hospital Foundation, Van Nuys\*  
The OK Program, Sacramento\*  
Planned Parenthood Mar Monte, Fresno\*  
Planned Parenthood of Orange  
and San Bernardino counties, Orange\*  
Planned Parenthood, Shasta-Diablo, Concord\*  
San Bernardino County Health Department, San Bernardino\*  
San Joaquin County Public Health Services, Stockton\*  
San Mateo County Public Health Department, San Mateo  
Santa Cruz County Health Services Agency, Santa Cruz\*  
South Bay Community Services, Chula Vista\*  
Southeast Asian Health Project, Long Beach  
Southern California Youth and Family Center, Inglewood\*  
Tri-City Health Center, Fremont\*  
Tulare County Health and Human Services Agency, Visalia  
Youth Intervention Program, Los Angeles\*

\* Programs currently funded through June 2003

**If you have questions concerning this report,  
or want further information on the Male  
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